

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043468

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1587

FILED NOV 20 1963

| | | | |
|---|---|--|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE GREENE b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN SPRINGFIELD | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE | | d. STREET ADDRESS 915-N. BROADWAY | |
| 3. NAME OF DECEASED (Type or print) CLIFFORD BURNS | | 4. DATE OF DEATH Nov. 14 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-6-95 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11a. FATHER'S NAME Major Burns | | 11b. MOTHER'S MAIDEN NAME Mary Fine | |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 13. SOCIAL SECURITY NO. [REDACTED] | |
| 14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aneurysm of Abdominal Aorta DUE TO (b) Arteriosclerosis DUE TO (c) Lympho sarcoma | | INTERVAL BETWEEN ONSET AND DEATH 2 hours | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lympho sarcoma | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 10:40 a.m. Month, Day, Year 11-14-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo. | | |
| 21. I attended the deceased from 11-14-63 to 11-14-63 and last saw him alive on 11-14-63 Death occurred at 12:00 m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Albert P. Simpson, M.D. (degree or title) | | 22b. ADDRESS 508 N. Jefferson St. Springfield, Mo. | |
| 22c. DATE SIGNED 11-18-63 | | 23. LOCATION (City, town, or county) (State) Springfield, Mo. | |
| 23a. BURIAL OR CREMATION, (Specify) Burial | 23b. DATE 11-19-63 | 23c. NAME OF CEMETERY OR CREMATORY National | |
| 24. FUNERAL DIRECTOR HERBERT V SMITH ADDRESS 602 N. JEFFERSON ST. SPRINGFIELD | | 25. DATE RECD. BY LOCAL REG. 11-19-63 | |
| 26. REGISTRAR'S SIGNATURE Bernie Medley | | | |

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 20 1966

NOV 21 1966

11-19-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert V. Smith

Licensed Embalmer No.

4286

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.